

SMART/TIPS SUGGESTION FORM

For use of this form, see DA PAM 738-750; the proponent agency is ODCSLOG

1. REFERENCES *(Publications/directives, end item, model, NSN, PN, etc.)*

2. CURRENT PROBLEM/PROCEDURE *(If more space is needed, continue on following page)*

3. RECOMMENDATION FOR IMPROVEMENT *(If more space is needed, continue on following page)*

4. NAME *(Last, First, MI)*

5. RANK

6. DATE OF SUBMISSION *(YYYYMMDD)*

7. MILITARY ADDRESS

8. HOME ADDRESS

9. DSN TELEPHONE NUMBER

10. COMMERCIAL TELEPHONE NUMBER

11. FAX TELEPHONE NUMBER

12. E-MAIL ADDRESS

13. CONTINUATION OF BLOCKS 2 AND
3